

B 25C (Official Form 25C) (12/08)

UNITED STATES BANKRUPTCY COURT

District of Wyoming

In re John C McTiernan, Jr.
Debtor

Case No. 13-20987 PJM

Small Business Case under Chapter 11

SMALL BUSINESS MONTHLY OPERATING REPORT

Month: March 2014

Date filed: 10/18/2013

Line of Business: Movie Products/Rancher

NAISC Code: 512110/11211

IN ACCORDANCE WITH TITLE 28, SECTION 1746, OF THE UNITED STATES CODE, I DECLARE UNDER PENALTY OF PERJURY THAT I HAVE EXAMINED THE FOLLOWING SMALL BUSINESS MONTHLY OPERATING REPORT AND THE ACCOMPANYING ATTACHMENTS AND, TO THE BEST OF MY KNOWLEDGE, THESE DOCUMENTS ARE TRUE, CORRECT AND COMPLETE.

RESPONSIBLE PARTY:

Gail Sistrunk, POA for John McTiernan
Original Signature of Responsible Party

Gail Sistrunk, POA with permission of John McTiernan
Printed Name of Responsible Party

Questionnaire: (All questions to be answered on behalf of the debtor.)

	Yes	No
1. IS THE BUSINESS STILL OPERATING?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. HAVE YOU PAID ALL YOUR BILLS ON TIME THIS MONTH?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. DID YOU PAY YOUR EMPLOYEES ON TIME?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. HAVE YOU DEPOSITED ALL THE RECEIPTS FOR YOUR BUSINESS INTO THE DIP ACCOUNT THIS MONTH?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. HAVE YOU FILED ALL OF YOUR TAX RETURNS AND PAID ALL OF YOUR TAXES THIS MONTH?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. HAVE YOU TIMELY FILED ALL OTHER REQUIRED GOVERNMENT FILINGS?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. HAVE YOU PAID ALL OF YOUR INSURANCE PREMIUMS THIS MONTH?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. DO YOU PLAN TO CONTINUE TO OPERATE THE BUSINESS NEXT MONTH?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9. ARE YOU CURRENT ON YOUR QUARTERLY FEE PAYMENT TO THE U.S. TRUSTEE?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. HAVE YOU PAID ANYTHING TO YOUR ATTORNEY OR OTHER PROFESSIONALS THIS MONTH?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11. DID YOU HAVE ANY UNUSUAL OR SIGNIFICANT UNANTICIPATED EXPENSES THIS MONTH?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12. HAS THE BUSINESS SOLD ANY GOODS OR PROVIDED SERVICES OR TRANSFERRED ANY ASSETS TO ANY BUSINESS RELATED TO THE DIP IN ANY WAY?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13. DO YOU HAVE ANY BANK ACCOUNTS OPEN OTHER THAN THE DIP ACCOUNT?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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|---|-------------------------------------|-------------------------------------|
| 14. HAVE YOU SOLD ANY ASSETS OTHER THAN INVENTORY THIS MONTH? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 15. DID ANY INSURANCE COMPANY CANCEL YOUR POLICY THIS MONTH? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 16. HAVE YOU BORROWED MONEY FROM ANYONE THIS MONTH? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 17. HAS ANYONE MADE AN INVESTMENT IN YOUR BUSINESS THIS MONTH? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 18. HAVE YOU PAID ANY BILLS YOU OWED BEFORE YOU FILED BANKRUPTCY? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

TAXES

DO YOU HAVE ANY PAST DUE TAX RETURNS OR PAST DUE POST-PETITION TAX OBLIGATIONS? ☒ ☐

IF YES, PLEASE PROVIDE A WRITTEN EXPLANATION INCLUDING WHEN SUCH RETURNS WILL BE FILED, OR WHEN SUCH PAYMENTS WILL BE MADE AND THE SOURCE OF THE FUNDS FOR THE PAYMENT.

(Exhibit A)

INCOME

PLEASE SEPARATELY LIST ALL OF THE INCOME YOU RECEIVED FOR THE MONTH. THE LIST SHOULD INCLUDE ALL INCOME FROM CASH AND CREDIT TRANSACTIONS. *(THE U.S. TRUSTEE MAY WAIVE THIS REQUIREMENT.)*

TOTAL INCOME \$ 11,500.00

SUMMARY OF CASH ON HAND

Cash on Hand at Start of Month \$ 6,481.30

Cash on Hand at End of Month \$ 3,623.81

PLEASE PROVIDE THE TOTAL AMOUNT OF CASH CURRENTLY AVAILABLE TO YOU **TOTAL** \$ 3,623.81

(Exhibit B)

EXPENSES

PLEASE SEPARATELY LIST ALL EXPENSES PAID BY CASH OR BY CHECK FROM YOUR BANK ACCOUNTS THIS MONTH. INCLUDE THE DATE PAID, WHO WAS PAID THE MONEY, THE PURPOSE AND THE AMOUNT. *(THE U.S. TRUSTEE MAY WAIVE THIS REQUIREMENT.)*

TOTAL EXPENSES \$ 14,357.61

(Exhibit C)

CASH PROFIT

INCOME FOR THE MONTH *(TOTAL FROM EXHIBIT B)* \$ 11,500.00

EXPENSES FOR THE MONTH *(TOTAL FROM EXHIBIT C)* \$ 14,357.61

(Subtract Line C from Line B) **CASH PROFIT FOR THE MONTH** \$ -2,857.61

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UNPAID BILLS

PLEASE ATTACH A LIST OF ALL DEBTS (INCLUDING TAXES) WHICH YOU HAVE INCURRED SINCE THE DATE YOU FILED BANKRUPTCY BUT HAVE NOT PAID. THE LIST MUST INCLUDE THE DATE THE DEBT WAS INCURRED, WHO IS OWED THE MONEY, THE PURPOSE OF THE DEBT AND WHEN THE DEBT IS DUE. *(THE U.S. TRUSTEE MAY WAIVE THIS REQUIREMENT.)*

TOTAL PAYABLES \$ 9,289.32

(Exhibit D)

MONEY OWED TO YOU

PLEASE ATTACH A LIST OF ALL AMOUNTS OWED TO YOU BY YOUR CUSTOMERS FOR WORK YOU HAVE DONE OR THE MERCHANDISE YOU HAVE SOLD. YOU SHOULD INCLUDE WHO OWES YOU MONEY, HOW MUCH IS OWED AND WHEN IS PAYMENT DUE. *(THE U.S. TRUSTEE MAY WAIVE THIS REQUIREMENT.)*

TOTAL RECEIVABLES \$ 0.00

(Exhibit E)

BANKING INFORMATION

PLEASE ATTACH A COPY OF YOUR LATEST BANK STATEMENT FOR EVERY ACCOUNT YOU HAVE AS OF THE DATE OF THIS FINANCIAL REPORT OR HAD DURING THE PERIOD COVERED BY THIS REPORT.

(Exhibit F)

EMPLOYEES

NUMBER OF EMPLOYEES WHEN THE CASE WAS FILED? _____

NUMBER OF EMPLOYEES AS OF THE DATE OF THIS MONTHLY REPORT? _____

PROFESSIONAL FEES

BANKRUPTCY RELATED:

PROFESSIONAL FEES RELATING TO THE BANKRUPTCY CASE PAID DURING THIS REPORTING PERIOD? \$ 0.00

TOTAL PROFESSIONAL FEES RELATING TO THE BANKRUPTCY CASE PAID SINCE THE FILING OF THE CASE? \$ 0.00

NON-BANKRUPTCY RELATED:

PROFESSIONAL FEES NOT RELATING TO THE BANKRUPTCY CASE PAID DURING THIS REPORTING PERIOD? \$ 0.00

TOTAL PROFESSIONAL FEES NOT RELATING TO THE BANKRUPTCY CASE PAID SINCE THE FILING OF THE CASE? \$ 0.00

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PROJECTIONS

COMPARE YOUR ACTUAL INCOME AND EXPENSES TO THE PROJECTIONS FOR THE FIRST 180 DAYS OF YOUR CASE PROVIDED AT THE INITIAL DEBTOR INTERVIEW.

	Projected	Actual	Difference
INCOME	\$ _____	\$ _____	\$ _____
EXPENSES	\$ 21,115.00	\$ 14,357.61	\$ 6,757.39
CASH PROFIT	\$ _____	\$ _____	\$ _____

TOTAL PROJECTED INCOME FOR THE NEXT MONTH:	\$ 22,000.00
TOTAL PROJECTED EXPENSES FOR THE NEXT MONTH:	\$ 21,115.00
TOTAL PROJECTED CASH PROFIT FOR THE NEXT MONTH:	\$ 885.00

ADDITIONAL INFORMATION

PLEASE ATTACH ALL FINANCIAL REPORTS INCLUDING AN INCOME STATEMENT AND BALANCE SHEET WHICH YOU PREPARE INTERNALLY.

United States Bankruptcy Court Monthly Operating Report March 2014
John C. McTiernan, Jr.
Case No. 13-20987 – PJM

Exhibit A

Taxes – There is presently an Installment Agreement with the IRS in place for the 2010 tax year. Bankruptcy will dictate payment plan.

Exhibit D

PLEASE ATTACH A LIST OF ALL DEBTS (INCLUDING TAXES) WHICH YOU HAVE INCURRED SINCE THE DATE YOU FILED BANKRUPTCY BUT HAVE NOT PAID. THE LIST MUST INCLUDE THE DATE THE DEBT WAS INCURRED, WHO IS OWED THE MONEY, THE PURPOSE OF THE DEBT AND WHEN THE DEBT IS DUE.

\$4,986.93 Due to Gail Sistrunk, Spouse, for expenses. Submitted with December Report Due 3/15/2014
\$4,302.39 Due to Gail Sistrunk, Spouse, for expenses. Submitted with Oct Nov Report Due 2/15/2014
Payments will be made when feasible.



RANCHESTER
 115 Dayton Street - PO Box 789
 Ranchester, WY 82838-0789
 807.635.2291 - Fax 807.635.2294

SHERIDAN
 301 Colfax Ave - PO Box 600
 Sheridan, WY 82801-1400
 807.673.9400 - Fax 807.673.9403

www.cowboystatebank.com

JOHN C MCTIERNAN
 DEBTOR IN POSSESSION (CASE 13-20987)
 GAIL A. SISTRUNK, ATTORNEY IN FACT
 PO BOX 99
 DAYTON, WY 82836

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A STATEMENT OF YOUR ACCOUNT
 01-MAR-14 THRU 31-MAR-14

LAST STATEMENT	NO. CREDITS	AMOUNT	NO. DEBITS	AMOUNT	STATEMENT BAL
6,481.30 +	5	11,500.12 -	45	14,357.61 -	3,623.81

-- ITEMIZED TRANSACTIONS -----		DEBITS	CREDITS
3-11	Deposit by internet		500.00
	From Checking XXXXXX-		
	3-11-14 01:32:59		
3-26	Deposit by internet		5,000.00
	From Checking XXXXXX-		
	3-26-14 08:56:16		
3-31	Interest paid to account		0.12
3-03	Withdrawal	3,000.00	
3-03	HOLIDAY STNSTORHOLIDAY	4.25	
	SHERIDAN WY		
3-03	HOLIDAY INN FB HOLIDAY	25.27	
	SHERIDAN WY		
3-03	HOLIDAY STNSTORHOLIDAY	46.60	
	SHERIDAN WY		
3-03	NEW CORNER GROCNEW CORN	54.13	
	DAYTON WY		
3-03	SAFEWAY STORE	66.99	
	SHERIDAN WY		
3-03	Wal-Mart Super C	103.79	
	SHERIDAN WY		
3-03	DTV*DIRECTV SERDTV*DIRE	137.00	
	800-347-3288 CA		
3-03	Wal-Mart Super C	166.42	
	SHERIDAN WY		
3-03	ED HAMMER COLLIED HAMME	750.00	
	SHERIDAN WY		
3-03	Transfer by internet	223.59	
	To Checking XXXXXX-		
	3-01-14 15:11:25 Wrong debit card used		
3-03	BANK OF AMERICA, ONLINE PMT	1,271.79	
	140303 CKF696152353POS		
3-04	LOS AGAVES LOS AGAV	32.35	
	SHERIDAN WY		
3-04	Wal-Mart Super C	115.86	
	SHERIDAN WY		
5	NEW CORNER GROCNEW CORN	52.59	
	DAYTON WY		



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515 Dayton Road - PO Box 794
Handhester, WY 82829-0794
907.652.2291 - Fax 907.652.2294

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911 Colfax Ave - PO Box 668
Sheridan, WY 82801-1468
907.671.4416 - Fax 907.671.4403

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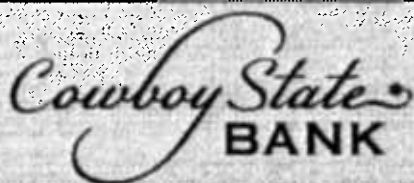
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A STATEMENT OF YOUR ACCOUNT
01-MAR-14 THRU 31-MAR-14

3-07	Wal-Mart Super C	3-06	88.34
	SHERIDAN WY		
3-10	THE UPS STORE 3THE UPS	3-08	4.24
	SHERIDAN WY		
3-10	MAVERIK #344	3-09	6.51
	SHERIDAN WY		
3-10	COUNTRY KITCHENCOUNTRY	3-09	22.36
	SHERIDAN WY		
3-10	GOOD HEALTH EMPORIUM	3-07	30.04
	SHERIDAN WY		
3-10	MAVERIK #344 MAVERIK	3-10	52.18
	SHERIDAN WY		
3-11	Wal-Mart Super C	3-10	15.60
	SHERIDAN WY		
3-12	NEW CORNER GROCNEW CORN	3-12	5.94
	DAYTON WY		
3-12	FEDEX 455152553FEDEX 45	3-11	33.77
	800-4633339 TN		
3-12	TIME INSURANCE, INS. PYMNT		1,581.62
	140310 0002317897		
3-17	Withdrawal		2,000.00
3-18	WAL-MART #1508	3-17	76.94
	SHERIDAN WY		
3-18	Wal-Mart Super C	3-17	129.89
	SHERIDAN WY		
3-21	HOLIDAY STNSTORHOLIDAY	3-20	4.25
	SHERIDAN WY		
3-21	HOLIDAY STNSTORHOLIDAY	3-20	49.16
	SHERIDAN WY		
3-24	NEW CORNER GROCNEW CORN	3-23	54.07
	DAYTON WY		
3-24	WAL-MART #1508	3-21	185.69
	SHERIDAN WY		
3-25	USPS 5783220498	3-24	5.60
	SHERIDAN WY		
3-25	WAL-MART #1508	3-25	8.14
	SHERIDAN WY		
3-25	#02064 ALBERTSONS	3-24	16.51
	SHERIDAN WY		



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A STATEMENT OF YOUR ACCOUNT
01-MAR-14 THRU 31-MAR-14

3-25	WAL-MART #1508	3-24	84.03
	SHERIDAN WY		
3-27	AT&T*BILL PAYMEAT&T*BIL	3-27	115.91
	800-288-2020 TX		
3-28	WAL-MART #1508	3-27	160.63
	SHERIDAN WY		
3-31	NEW CORNER GROCERY	3-30	13.17
	DAYTON WY		
3-31	#02064 ALBERTSONS	3-30	49.49
	SHERIDAN WY		
3-31	NEW CORNER GROCNEW CORN	3-29	55.41
	DAYTON WY		
3-31	MDU, WEB Pay		411.06
	140328 7587558215		
3-31	MDU, WEB Pay		436.62
	140328 3507621000		
3-31	MDU, WEB Pay		612.81
	140328 1507621000		

-- DEPOSITS --

DATE	AMOUNT	DATE	AMOUNT	DATE	AMOUNT
3-04	1,000.00	3-11	5,000.00		

-- CHECKS --

CHK #	DATE	AMOUNT	CHK #	DATE	AMOUNT	CHK #	DATE	AMOUNT
3016	3-13	1,997.00						

-- BALANCES --

DATE	BALANCE	DATE	BALANCE	DATE	BALANCE
3-03	631.47	3-12	5,090.07	3-25	478.79
3-04	1,483.26	3-13	3,093.07	3-26	5,478.79
3-05	1,430.67	3-17	1,093.07	3-27	5,362.88
3-07	1,342.33	3-18	886.24	3-28	5,202.25
3-10	1,227.00	3-21	832.83	3-31	3,623.81
3-11	6,711.40	3-24	593.07		



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113 Dayton Street • PO Box 188
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05

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A STATEMENT OF YOUR ACCOUNT
01-MAR-14 THRU 31-MAR-14

	TOTAL FOR THIS PERIOD	TOTAL YEAR-TO-DATE
Total overdraft fees	\$0.00	\$0.00
Total returned item fees	\$0.00	\$0.00

Average balance \$2,734.21
Number of days 31

ANNUAL PERCENTAGE YIELD CALCULATION

DAYS IN INTEREST PERIOD	31
AVERAGE BALANCE INT PERIOD	2734.21
AMOUNT OF INTEREST EARNED	0.12
ANNUAL PERCENTAGE YIELD EARNED	0.05%
YEAR TO DATE INTEREST PAID	0.44

HIGH SECURITY!! CALL US ABOUT SAFE DEPOSIT BOX RENTALS
CALL 655-2291 FOR SIZES & PRICES



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